



DATE: _____

PERSONAL HISTORY RECORD

Legibly print or type each answer. If a question does not apply to you, write "N/A". If you need additional space, you may use the provided blank sheet or attach your own sheet. In either case, please precede each answer with the appropriate title.

The applicant must initial each page in the lower right corner to attest to the accuracy and completeness of the information provided on that page.

Making any false statement in this application is a violation of the L.R.S. 4:735 and is punishable by law. The failure to reveal requested information is sufficient cause for the denial or revocation of a license.

Charitable Gaming License Number_____
Name and address of business for which license is requested_____
Your position with business**1. PERSONAL INFORMATION:**

Last Name	First Name	Middle Name
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Alias (es. Nicknames, Maiden Name, Other name Changes, Legal or Otherwise) _____

Present Residence Address-Street or RFD	City-Post Office Box	State	Zip
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Since _____
Date

Present Business Address	City-Post Office Box	State	Zip
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Since _____
Date

Occupation	Phone: Residence _____ Business _____
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Date or Birth	Place of Birth (City, Parish, State)
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Age	Social Security Number	Sex
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Color of Eyes	Color of Hair	Weight	Height
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Scars, tattoos, or distinguishing marks and/or characteristics: _____

Are you a citizen of the United States? ☐ Yes ☐ No If Alien, Registration No. _____

If Naturalized, Certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

Applicant's Initials: _____

2. MARITAL INFORMATION:

☐ Single☐ Married☐ Separated

☐ Divorced

☐ Widowed

☐ Engaged

A. Current Marriage _____
Date City, Parish, State

Spouse's full name (Including Maiden Name) _____

Date of Birth _____ Place of Birth _____ S.S. No. _____

Residence Address				
Street	City	State	Zip	

Telephone: Residence _____ Business _____

Spouse's Employer _____ Occupation _____

Address of Employer _____

Street	City	State	Zip
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3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

[illegible]

B. Parents:

List names, residence addresses, dates of birth, and most recent occupations or social security numbers of parents, parents-in-laws, or legal guardian. If retired or deceased, list last address and occupation or social security number.

Name (Including Maiden Name)	Birth Date	Address	Occupation or Social Security Number
Father			
Mother			
Father-in-law			
Mother-in-law			

Applicant's Initials: _____

C. Brothers and Sisters:

List names, residence addresses, and dates of birth of brothers and sisters and of their respective spouses.

Name	SSN	Birth Date	Address
Spouse			
Spouse			
Spouse			
Spouse			
Spouse			

4. MILITARY INFORMATION:

Have you ever served in any armed forces? ☐ Yes ☐ No

Branch _____ Date of Entry-Active Service _____

Date of Separation _____ Type of Discharge _____

Rating at Separation _____ Serial Number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? ☐ Yes ☐ No

If yes, furnish details on Page 7

5. ARRESTS, DETENTIONS, AND LITIGATIONS:

A. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation for which you were later convicted? (Except MINOR traffic citations.) ☐ Yes ☐ No If yes, give details below.

B. Have you ever been arrested, charged, indicted, or summoned to answer for any criminal offense or violation related to gambling, theft, embezzlement, or fraud regardless of the disposition of the case? ☐ Yes ☐ No If so, give details in space provided below.

Date of Arrest	Age	Charge	Location-City and State	Disposition	Arresting Agency

C. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board, or commission?

☐ Yes ☐ No

D. Have you ever received a pardon for any criminal offense?

☐ Yes ☐ No

If yes, when? _____ City, Parish, and State _____

If the answer to any of the above questions (A through D) is yes, furnish details on Page 7.

Applicant's Name _____

6. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment in the past seven years or since age 18, whichever is less. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder possessing 5% or more ownership interest, or related capacity.

Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

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Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

Month and Year (From-To)		Name/Mailing Address of Employer/Business		Reason for Leaving	
Title	Description of Duties	Name of Supervisor		Gaming Present? Yes No	

If additional space is needed, continue on Page 7 or provide attachment.

Applicant's Initials: _____

7. **CHARACTER REFERENCES:**

List five character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name	Street	City	State	Zip	Home Telephone	Years Known

8. Have you held a privileged or professional license in any state, including but not limited to the following:

Liquor
Securities Dealer
Boxing Promoter

Race Horse/Race Dog Owner
Jockey
Trainer or Manager

☐ Yes ☐ No If yes, state where, years held, and the nature of any disciplinary action taken against you.

9. Have you ever held a financial interest in a gambling venture, including a race track, dog track, lottery, casino, bookmaking operation, or a pari-mutual operation? ☐ Yes ☐ No

If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:

A. Have you appeared before any licensing agency or similar authority in or outside the State of Louisiana, for any reason whatsoever? ☐ Yes ☐ No If yes, submit details below and continue on Page 7.

10. Have you ever been refused a charitable gaming license or related finding of suitability or been a participant in any group which has been denied a charitable gaming license or related finding of suitability? ☐ Yes ☐ No

For selling alcoholic beverages? ☐ Yes ☐ No

If yes to either of the above, state where, when, and for what reason. _____

Applicant's Initials: _____

11. Have you ever been granted a charitable gaming license or been a participant in any group which has been issued a charitable gaming license by the State of Louisiana? ☐ Yes ☐ No

If yes, state type of license, name of establishment, location, and period held. _____

12. List all memberships within the last five years you have held in any social or charitable organization eligible for a Louisiana charitable gaming license

Date (From-To)	Organization Name and Address	Type of Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Do you have any relatives associated with or employed in the charitable gaming or liquor industry? ☐ Yes ☐ No

If yes, state name, relation, and association or employment. _____

ATTACH

PHOTOGRAPH
TAKEN WITHIN
LAST 30 DAYS
HERE

Date of Photo _____

Applicant's Initials: _____

[illegible]

Date

Signature of Applicant